

2008 Agricultural Labor Camp License Application

Completion of this form is necessary to obtain an Agricultural Labor Camp License.

Application is hereby made to the Director, Michigan Department of Agriculture, for an Agricultural Labor Camp License under the provisions of Part 124 of Act 368, P.A. 1978, as amended. Please type or print. Application must be received by MDA 30 days prior to camp occupancy.

	Contact Information for Individ	ual / Company S	Submitting Application	on	
Owner Name		Phone		Date of Birth	
Street Address		Cell / Alt.		L	
City, State, Zip		Fax			
			<u> </u>		
Proposed Housing Sites for Licensure					
	Housing Location	Occu	pancy Dates	Number	of:
Camp Name		Open		Living Units	
Street Address		Close		Occupants	
City, State, Zip County/Camp ID					
Camp Name		Open		Living Units	
Street Address		Close		Occupants	
City, State, Zip County/Camp ID					,
Camp Name		Open		Living Units	
Street Address		Close		Occupants	
City, State, Zip County/Camp ID					
Camp Name		Open		Living Units	
Street Address		Close		Occupants	
City, State, Zip County/Camp ID					<u> </u>
I hereby certify that the foregoing information is accurate and complete. Complete the attached					
Applicant Signature / Date	self-inspection survey and complete repairs before scheduling				
Return to: Michigan	Department of Agriculture, ESD Migrant Housing, PO 30017, Lansing MI 48909 licensing inspection				